



**MONTANA STATE HOSPITAL
MENTAL HEALTH GROUP HOME
POLICY AND PROCEDURE**

**INITIATING TREATMENT SERVICES FOR RESIDENTS
ON THE MSH MENTAL HEALTH GROUP HOMES**

Effective Date: December 9, 2015

Policy #: MSH MHGH-03

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- I. PURPOSE:** This policy defines the process for referring patients to the Montana State Hospital (MSH) Mental Health Group Home (MHGH), initiating services, and reviewing service provisions.
- II. POLICY:** MSH will ensure that services for MSH MHGH residents are initiated and updated in a timely manner according to needs of the resident. The process of providing services will include assessment of resident's needs to determine appropriateness of MSH MHGH level of care, provide reasonable accommodations for a co-occurring disability, and ensure residents are engaged in treatment.
- III. DEFINITIONS:**
 - A. MSH MHGH Program Manager: The individual responsible for reviewing referrals, assisting individual resident's in planning and following through with treatment activities.
 - B. Resident: A MSH patient referred to and accepted into MSH MHGH Services.
 - C. Licensed Independent Practitioner (LIP): The individual responsible for the medical/psychiatric management of MSH MHGH residents.
- IV. RESPONSIBILITIES:**
 - A. Referring Treatment Team: Assess patient's readiness for MSH MHGH programs, initiate referrals to MSH MHGH programs and submit Montana State Hospital Mental Health Group Home referral form to MSH MHGH program manager.
 - B. MSH MHGH Program Manager:
 - 1. Responsible for day-to-day operation of the MSH MHGH, orientation of MSH MHGH staff, and oversight of resident care.
 - 2. The MSH MHGH Program Manager and LIP will also make decisions regarding the acceptance of a patient into the MSH MHGH within seven (7) business days of receipt of the referral.

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3. Completes the MSH MHGH intake assessment(s) within 14 days (per ARM 37.106.1915)

C. MSH MHGH Staff:

1. CMHP will complete the treatment plan within 21 days of resident transfer to the MSH MHGH (per ARM 37.106.1916).
2. Orients the resident to the program.
3. Reviews the treatment plan with the resident at least every 90 days.
4. Works with the resident to develop a daily schedule of activities.
5. Completes documentation weekly (or more frequently if indicated) describing resident response to the services provided and described in the resident's Treatment Plan
6. Completes annual social work assessment.

D. MSH Staff:

1. Completes annual psychiatric, physical and nursing assessments.

V. **PROCEDURES:**

A. REFERRALS:

1. MSH treatment teams may refer a patient for acceptance into a MSH MHGH by submitting completed referral form to MSH MHGH Program Manager.
2. The MSH MHGH Program Manager will review referrals with LIP and make decisions concerning acceptance of patients into the MSH MHGH within seven (7) business days of receipt of the referral.
3. The attending LIP on the referring treatment team will write an order to place the patient on the MSH MHGH.
4. The resident will begin an orientation process upon arrival at MSH MHGH to include:
 - unit rules;
 - potential consequences for rule violations;
 - treatment expectations;
 - personal space upkeep;
 - personal hygiene maintenance;
 - personal laundry upkeep;
 - unit chores;
 - personal schedule maintenance;
 - appointment setting;
 - cooking;
 - continuation of treatment and recovery;
 - grievance procedures;
 - unit routines;

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- safety and emergency procedures;
 - completion of alcohol/substance abuse assessments;
 - employment opportunities.
5. If a patient is not accepted for placement in a MSH MHGH, the MSH MHGH Program Manager will notify the referring treatment team and write a progress note in the patient's medical record indicating the reason for turning down the request and/or delineating steps to be accomplished in order for the patient to be accepted.

B. ADMISSION PROCEDURES

1. The MSH MHGH Program Manager will work with the referring treatment team to schedule a date and time for transfer of the patients to the MSH MHGH.
2. Prior to transfer, referring treatment teams will reassess and update pertinent clinical information.
3. Within seven (7) days following the admission of a resident to a MSH MHGH, MSH MHGH staff will review the treatment plan and schedule of therapeutic activities with the resident. This review will be documented in the MSH MHGH record.

C. EVALUATION OF RESIDENT PROGRESS

1. The MSH MHGH/ treatment team will be responsible for continued resident care monitoring and evaluation of progress toward treatment objectives.
2. Daily support will be provided to MSH MHGH residents by MSH MHGH staff in regard to meeting expectations and giving feedback concerning therapeutic activity schedules.
3. MSH MHGH staff will complete a summary each week addressing the resident's involvement in the program, other therapeutic activities, and progress toward treatment objectives.
4. The treatment plan will be reviewed and updated as resident needs indicate, with intervals of no longer than 90 days between reviews.
5. Discharge planning procedures will occur continuously. The social worker assigned to MSH MHGH will continue to develop the plan with the resident while they are in the MSH MHGH program.
6. Copies of all pertinent clinical information and the current treatment plan will be maintained in the resident's MSH MHGH record.

VI. REFERENCES: Administrative Rules of Montana for Mental Health Center: Policies and Procedures 37.106.1908.

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- VII. COLLABORATED WITH:** Hospital Administrator, Medical Director, Director of Clinical Services, Director of Nursing, and Program Manager of Montana State Hospital Mental Health Group Homes.
- VIII. RESCISSIONS:** #TCU-03, *Initiating Treatment Services for Residents on the Transitional Care Unit* dated November 20, 2015; #TCU-03, *Initiating Treatment Services for Patients on the Transitional Care Units* dated December 11, 2011; #TCU-03, *Initiating Treatment Services for Patients on the Transitional Care Units* dated April 9, 2009; #TCU-03, *Initiating Treatment Services for Patients on the Transitional Care Unit* dated January 18, 2006; #TCU-03, *Initiating Treatment Services for Patients on the Transitional Care Unit* dated January 10, 2003; H.O.P.P. #TCU-03-99-N, *Initiating Treatment Services for Patients on the Transitional Care Units* dated July 16, 1999.
- IX. DISTRIBUTION:** MSH MHGH Policy and Procedure Manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Program Manager of the Montana State Hospital Mental Health Group Homes.
- XII. ATTACHMENTS:** Montana State Hospital Mental Health Group Home Referral Form

_____/____/____
John Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

Request for Special Consultation, Evaluation, or Treatment

Montana State Hospital

I. Identifying Information

Patient name: _____ ID #: _____ Unit: _____

Guardian's name: _____ Guardian's phone: _____

II. Request

Date of request: _____ Requested by (print): _____

LIP signature authorizing request: _____

Priority of request: ☐ Emergency (call the contact) ☐ Urgent ☐ Routine

III. Requested from (department/service)

Contact:

Number:

- | | | | |
|--------------------------|--|--------------|------|
| <input type="checkbox"/> | Psychology (evaluation, testing, psychotherapy) | Sarah DeBois | 7093 |
| <input type="checkbox"/> | Counseling (mental health counseling) | Sarah DeBois | 7093 |
| <input type="checkbox"/> | Chemical Dependency (evaluation, CD counseling) | Sarah DeBois | 7093 |
| <input type="checkbox"/> | Social Work (social services, disability benefits) | Sherri Bell | 7005 |
| <input type="checkbox"/> | Group Homes (screenings, placement) | Sherri Bell | 7005 |
| <input type="checkbox"/> | Peer Support (mentoring and support) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Rehabilitation (evaluation, placement) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Religious/Spiritual (evaluation, counseling) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Vocational (evaluation, counseling, placement) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Other: _____ | | |

IV. Requested Service

☐ Consultation (list specific request or referral question): _____

☐ Evaluation (list specific request or referral question): _____

☐ Treatment (list specific request): _____

V. Request Received and Assigned (completed by receiving department)

Received by (print name): _____ Date: _____

Assigned to (print name): _____ Date: _____

Note: _____